

Name

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JAN - 8 2010

MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Office:

☑ House

Website: www.maine.gov/ethics

Phone: 207-287-4179

Fax: 207-287-6775

□ Senate

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

ANN E. PEOPLES

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Mailing address	et te till det for en		District 12.5
City, zip code  WESTBROOK) 04092	aa walaan iyo isaa iyo isaanina Yoo isaa ahaa ka ahaa k	residentificis in Alband Shake Andréas i Bendala kalanda kalanda Mestinahan kuran kuran kuran kalan seperanga sebasah sebasah	125 Phone 856-1264
Hallmagken Nessaler 2012 - 1072 September 2012 - 1072 September 2013 September 20	A HOMEN WATER WATER AT A PROCESSOR OF A		
PART 1. INCOM	IE DERIVE	D FROM EMPLOYMENT BY ANOT	THER
List the name and address of each employer from economic activity of each employer.	om whom yo	ou received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer		Address	Principal Type of Economic Activity of Employer
MOUNTAIN LTD	19 Y. WEW	ARMOUTH DR. SUITE 301 S-LOUCESTER, ME	TEMP STAFFING
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	XSR HERSKE WILLIAM IN	RIVED FROM SELF-EMPLOYMENT rs who are self-employed.)	
A. List the name and address of your business, associated with a partnership, firm, professional entity.	if any, and I association,	ist the major areas of economic activity , or similar business entity, list the majo	from which you derived income. If or areas of economic activity of that
Name and Address of Business Entity	n et al. Light which with the playing Pengharan Angularian	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name:		Portugues Virginia de la Constanta de la Const	
Address:			
Name: Address:			AND
		<u> </u>	

PART 2 (continued). INCOME DERIVED FF	ROM SELF-EMPLOY	MENT	
(For Legislators who are self-er B. List each source of income derived from self-employment that represents m greater, and specify the principal type of economic activity of the entity or per disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	ore than 10% of your gr	erived such income. If t	this form of
Name and Address of Source		Principal Type of Ed Activity of Entity or Per the Source of the I	son Who is
Name: Address:	and the second s		99CC099-1004-111-11-11-11-11-11-11-11-11-11-11-11-1
Name: Address:		digitah keminan berandukan diban diban dan dan dan dan dan san sunan mengan penggan penggan penggan penggan pe	PAPEIRON ERICON CRECTA-VORGA GRADICA IN
PART 3. MAJOR AREAS OF (For Legislators who are attorneys-	at-law only.)		
List your major areas of practice. If associated with a law firm, list the major area  Name and Address of Firm	Major Areas of Prac	ctice Major Areas o	
Name:	(self)	(firm	)
Address:		THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O	
Name:	Photograph of the both charge continues and all the control of the common and any of a common page of the common and the common and the common page of the common and the c	3-C3A-1C3C+1440-1380-14137	Scholalari Arthibel Messarder Vertraum Service (
Address:			
PART 4. OTHER SOURCES Of List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this		fts. If none shock the ho	
None	Augusta marina m	(13). II HOHG, GHOOK UIC OO	IX.
Name and Address of Source	Delivers (New York Control of State Province Control to the proposal control of the destate and security of the	Kind of Incom-	
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PART 5. REPORTABLE LIA			
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loans	ou received during the restriction of the received during the relative. If non-	reporting period, and list e, check the box.	the major
None	Addition to the second of the		
Name and Address of Creditor		Principal Type of Eco Activity of Credi	
Name:			
Address:	***************************************		**************************************
Name:	SERVIZZENSKE		
Address:	4 victor		

PART 6.	. REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Inclinone, check the box.	ude gifts with an aggregate	value of more than \$300 from a single s	source. If
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Name of Source of Gift  1.	3.	Name of Source of Gift	t to motion who with a rest to most the constitution of the consti
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	EPORTABLE HONORARI		
List the source of any honoraria accepted for appearances or  None	speeches related to your ley	islative responsibilities. If none, cnecκ ι	ne box.
Name of Source of Honoraria		Name of Source of Honoraria	lawala, h./
1.	3.		
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PART 8. REPRESENT	TATION BEFORE STATE	AGENCIES	
List each executive branch agency before which you represe box.	ented or assisted others for o	compensation of any amount. If none, o	heck the
D None			AAATAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
Name of Agency		Name of Agency	
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2.	4.		
PART 9. BUSIN	IESS WITH STATE AGEN	ICIES	
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	er of your immediate family	sold goods or services with a value in e	excess of
None		entre Missian Protection in the Protection of the American Color American American Color American Amer	WARREST WINDOW AAAAAAA WARREST TAA
Name of Agency		Name of Agency	Nath fight fill the literature and model has a Nath fill the literature and the literatur
. 1.	3.	PPSEANGPPVII PVII SEEGA SAAGAPAA SEEGA PVII SEEGA PVII SEEGA SAAGAA SAA	~/~~C^^!!!!!!!!!!!!!
2.	4.		
PART 10. INCOME RECEIVE	ED BY MEMBERS OF IMP	WEDIATE FAMILY	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not i	I of income represented. If y	received by your spouse or domestic p our spouse or domestic partner received	artner or d \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship Kind of Income	
Name: PATRICK J. PEOPLES	1. TEACHING	Spouse or 1. SALARY	A District Constitution of the Constitution of
Job Title: PROFESSOR	<ul><li>3.</li></ul>	Domestic 2. Partner 3.	
	TITATIAN MENERANGKAN PENGANGKAN PENGANGKAN PENGAN P	Dependent Child	X*************************************
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income	Ch - 388 MCC0000000000000000000000000000000000	Dependent Child	
activity and the kind of income.		Dependent Child	

None					
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Comper sated?	
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	SIGNATURE				
egislator who willfully fails to file a required s					
e intentional filing of a false statement is a Cl Ifully filed a false statement, it shall refer its fir	ndings of fact to the Attorne	ssion concludes tha ey General. (1 M.R.	it it appears that a S.A. § 1019)	Legisiator	
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	ADDITIONAL INFORMAT				
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Please provide any additional information below the information you are providing.  art/Section fumber			e the part or section	on number	

PART 11. OFFICER OR DIRECTOR POSITIONS